



HIV Pre-exposure Prophylaxis (PrEP) Implementation Guide

STD/HIV & VIRAL HEPATITIS DIVISION



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HIV Pre-exposure prophylaxis (PrEP)

Introduction

HIV pre-exposure prophylaxis or PrEP is the use of antiretroviral medication to prevent HIV. Studies have proven oral tenofovir/emtricitabine (TDF/FTC) or brand name Truvada® is effective at preventing HIV for all individuals at risk through sex by up to 99 percent or injection drug use by up to 70 percent^{1,2,3}. Emtricitabine/ tenofovir alafenamide (FTC/TAF) or brand name Descovy® is not approved by the Food and Drug Administration (FDA) for cisgender women or individuals engaging in receptive vaginal sex³. Cabotegravir extended-release injectable (CAB) or brand name Apretude® was approved in 2021 for the use of PrEP in the United States⁴.

Background

It's estimated that 1.2 million adults in the United States are eligible and could potentially benefit from PrEP based on HIV risk⁵. Although PrEP is available as a safe option to substantially reduce the rate of HIV transmission, uptake remains low, especially in the Southern states¹. Southern states account for 50 percent of the new diagnoses of HIV but only account for about 30 percent of PrEP users. Some of the barriers to uptake in the South include, geography, lower rates of health insurance coverage, stigma, low health literacy, and low HIV risk perception⁵.

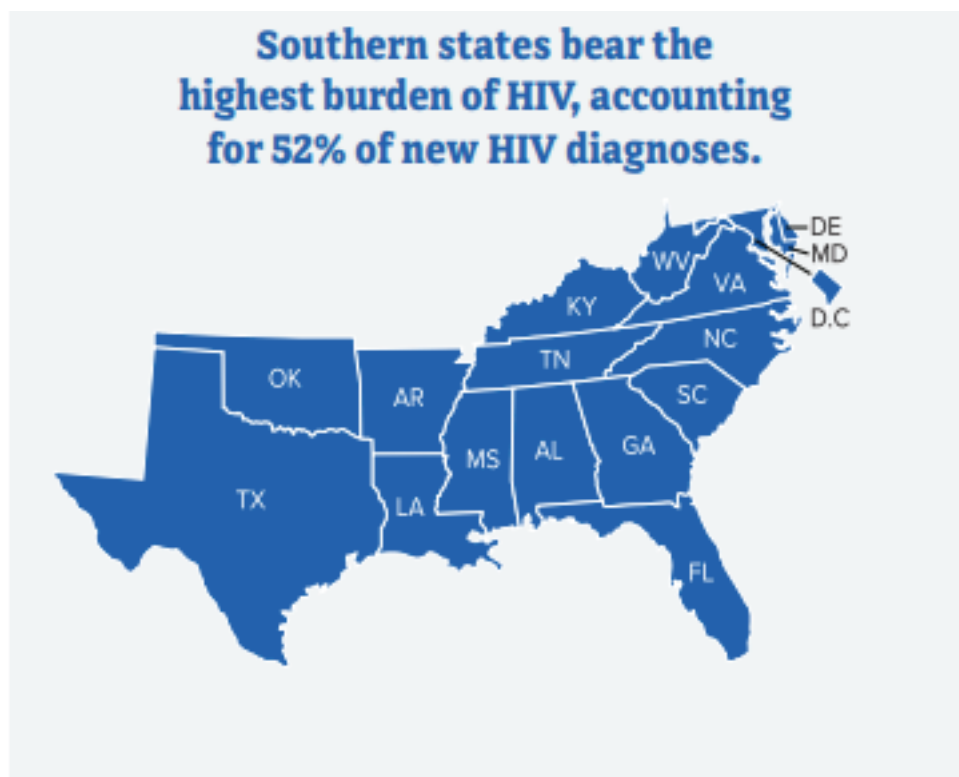


Image courtesy of: [cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief](https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief)

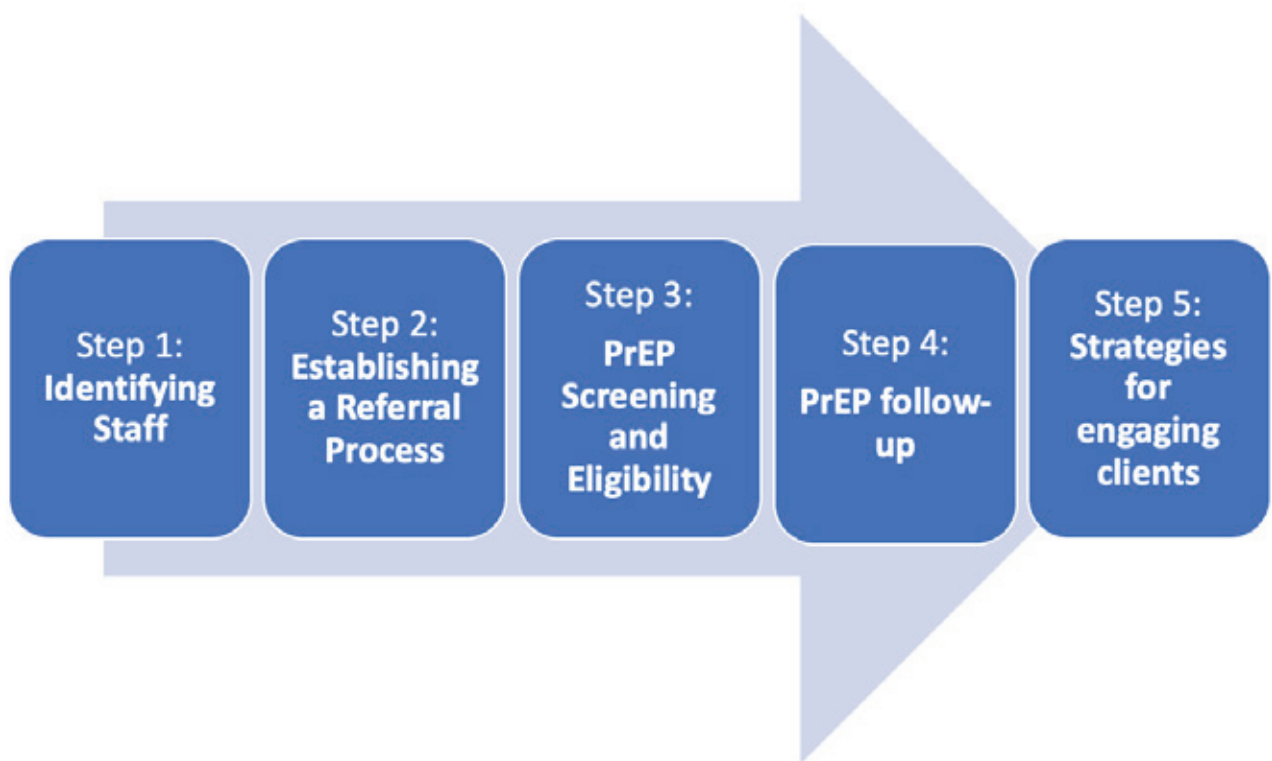
Purpose

The purpose of this implementation guide is to assist clinicians and/or agencies with integrating PrEP services into their current services. This guide will provide step-by-step instructions and resources for offering PrEP services. This guide can be used partly or completely for the implementation of PrEP services.

Getting Started

The following steps are intended to assist clinicians with identifying current resources and/or identify opportunities to hire new staff to assist with PrEP services. Each agency should assess their current capacity for offering PrEP to determine if any additional resources are necessary before implementing PrEP within their clinic.

PrEP should be considered as part of a comprehensive prevention plan that includes a discussion about adherence to PrEP, condom use, sexually transmitted diseases (STDs) prevention, and other risk-reduction methods.



Step 1: Identifying Staff

The agency should identify appropriate staff to assist with case management or PrEP navigation. This could be a nurse, social worker, and/or health educator. Also, agencies should assess which providers will offer PrEP and/or if clients will be referred to an outside provider. Clients are more likely to seek PrEP services with their primary care provider rather than a HIV specialty provider.

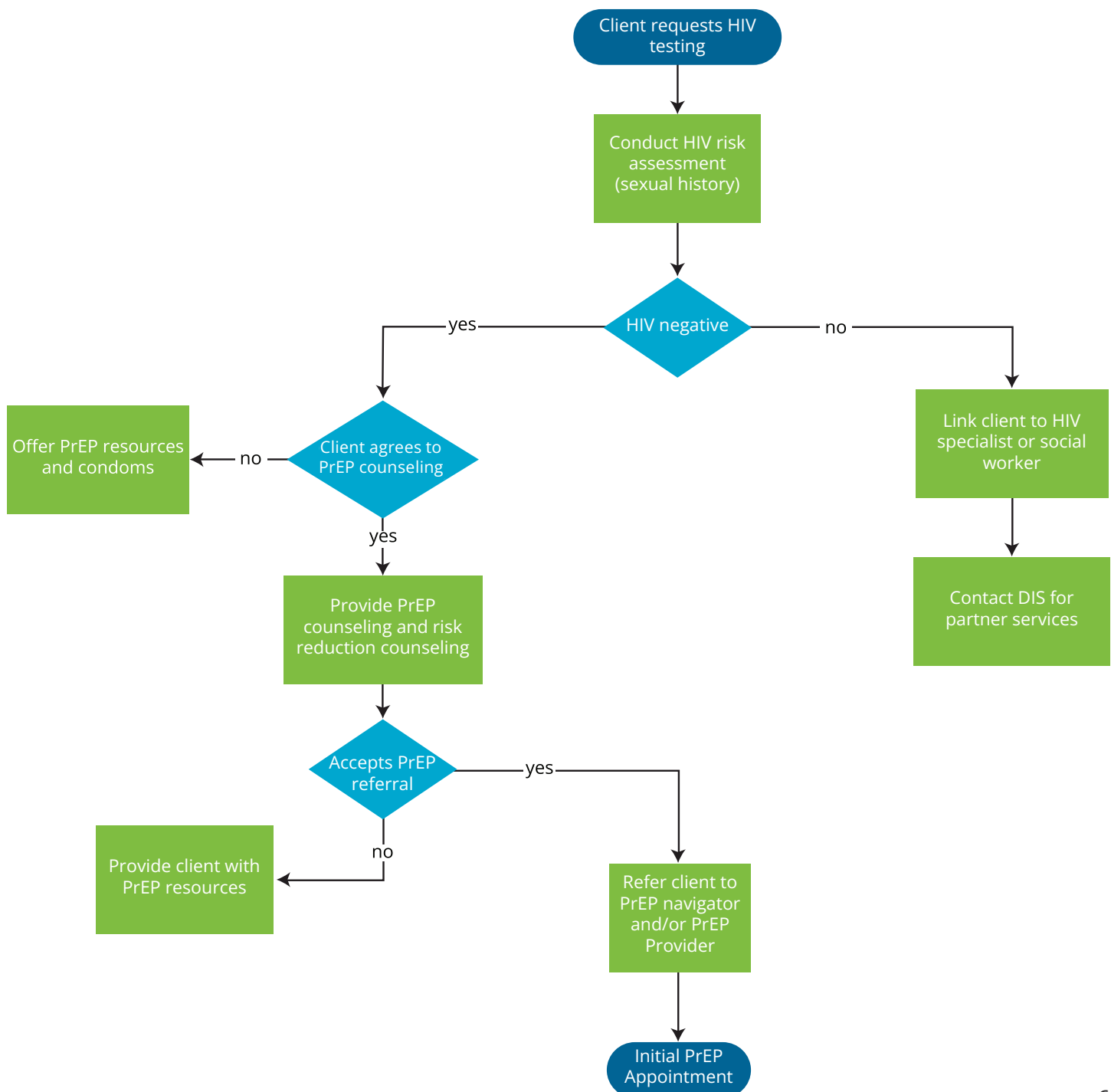


Step 2: Establishing a Referral Process

Providers should determine how PrEP will be offered and whether the clients should be referred to a provider within the clinic or an outside PrEP provider. After determining who will be providing PrEP, the next step is to determine who will initiate the referral to the provider. This could be a prevention specialist, health educator, nurse or case manager. This individual would be responsible for linking the client to the PrEP counselor, PrEP navigator and/or PrEP provider.

If clients are going to be referred to an outside provider, it is recommended to establish a referral process with the outside provider and identify a point of contact. This will ensure a smooth handoff for clients being referred to the outside provider.

Referral Process Map:



Step 3: PrEP Screening and Eligibility

The first step in determining PrEP eligibility is taking a sexual history to understand the client's risk for HIV acquisition. This section will discuss the steps for identifying clients who could potentially benefit from PrEP use through screening (sexual history) and eligibility determination.

Taking a Sexual History

Understanding the importance of a sexual history is imperative and can greatly impact the health outcomes of the client⁶. Having a discussion with the client about their sexual history provides the clinician an opportunity to provide counseling and strategies to reduce the risk of acquiring HIV or a sexually transmitted infection (STI). This is something that should be incorporated into a standard visit; it should be routine. Keep in mind that some clients are uncomfortable discussing their sexual history and sexual practices. Building rapport and ensuring a safe and welcoming environment may assist with addressing this concern. Listed below are script examples for discussing the client's sexual history.



Additional resources for taking a sexual history:

- Centers for Disease Control and Prevention
 - cdc.gov/std/treatment/SexualHistory
- American Academy of Child & Adolescent Psychiatry
 - aacap.org/App_Themes/AACAP/Docs/member_resources/SOGIIC/AHWG-Taking-a-sexual-history
- American Academy of Family Physicians
 - aafp.org/dam/AAFP/documents/patient_care/sti/hops19-sti-script
- National Coalition for Sexual Health
 - nationalcoalitionforsexualhealth
- New York City Department of Health and Mental Hygiene
 - nyc.gov/assets/doh/downloads/pdf/csi/csi-prep-pep-sex-history
- Target HIV
 - targethiv.org/library/sexual-history-taking-toolkit

The Five “Ps”:

- Partners
- Practices
- Protection from STIs
- Past History of STIs
- Pregnancy intention

Don't forget to inform the client prior to taking a sexual history, that you will be asking specific questions about their sexual practices to help identify their risk for HIV or STI and which test to collect.

Partners

- Are you having sex?
- How many partners have you had in the past few months?
- What is the gender of your partners?
- Do you and your current partner have other partners?

Practices

- What kind of sexual contact do you have, or have you had?
 - Do you have genital sex (penis in the vagina)?
 - Anal sex (penis in the anus)? Are you a top and/or bottom?
 - Oral sex (mouth on penis, vagina, or anus)?
- Do you meet your partners online?
- Have you exchanged sex for goods (money, housing, drugs, etc.)?

Protection from STIs

- Do you use condoms and/or dental dams with your partners?
- How often do use condoms and/or dental dams?
 - Frequencies: sometimes, almost all the time, all the time.
- If “sometimes,” in which situations, or with whom, do you use each method?
- Have you received HPV, hepatitis A, and/or hepatitis B shots?
- Are you aware of PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?

Past History of STIs

- Have you ever been tested for STIs and HIV? Would you like to be tested?
- Have you been diagnosed with an STI in the past? When? Did you get treatment?
- Has your current partner or any former partners ever been diagnosed or treated for an STI?
- Do you know your partner's or partners' HIV status?

Pregnancy intention

- Do you think you would like to have (more) children at some point?
- How important is it to you to prevent pregnancy (until then)?
- Are you or your partner using contraception or practicing any form of birth control?

PrEP Eligibility

The next step is eligibility. Any client who requests PrEP, engages in unprotected sex or has sex in exchange for goods, should be offered information on PrEP and a PrEP referral. The CDC states that all sexually active adults and adolescents should be informed about PrEP for prevention of HIV acquisition¹. This information will enable patients to be open during their risk assessment questions. Studies have shown that patients often do not disclose this information due to stigma. Taking a brief, targeted sexual history is recommended for all adult and adolescent clients as part of ongoing primary care. Clinicians should not limit sexual history. Clients who request PrEP should be offered it, even when no specific risk behaviors are provided.

Eligibility is determined by the following criteria⁷:

- ✓ Recent negative HIV test
- ✓ At substantial risk for HIV or requests PrEP
- ✓ Has no signs and symptoms of acute HIV infection
- ✓ Has creatinine clearance (eGFR) >60 mL/min or eGFR >30 mL/min for oral medication.

It's imperative to confirm no recent exposure to HIV. Clients could potentially benefit from post-exposure prophylaxis (PEP) use or HIV confirmatory testing and/or viral load testing might be necessary.

Ask the client⁷:

- In the past 72 hours, have you had sex without a condom with someone whose HIV status is positive or not known to you, or have you shared injection equipment with someone whose HIV status is positive or unknown to you?
 - If yes, DO NOT offer PrEP and evaluate further. Discuss PEP with the client.
- In the past 28 days, have you had symptoms of a cold or flu, including fever, fatigue, sore throat, headache, or muscle pain or soreness?
 - If yes, DO NOT offer PrEP and evaluate further. Consider HIV confirmatory or viral load testing.



Step 4: PrEP Management: Initiation and Continuation

Initiation

The initial labs should be collected seven to 10 days prior to initial appointment. The CDC recommends confirming a negative HIV no more than seven days prior to initiation of PrEP. Complete the following items prior to the visit and/or at the initial visit. Please refer to the SC HIV PrEP Statewide Plan and Guidance for a complete description of the required tests.

Baseline labs:

- ✓ HIV Ab/Ag screening (4th generation preferred)
- ✓ HIV-1 RNA test (required for injectable)
- ✓ Serum Creatinine (Required for oral PrEP. Any person with an eCrCl of <60 mL/min should not be prescribed Truvada or TDF/FTC. If eCrCl <30 mL/min. Descovy or TAF/FTC should not be prescribed.)
- ✓ Hepatitis B Ab/Ag Screening (Required for oral PrEP)
- ✓ Hepatitis C antibody
- ✓ Sexually Transmitted Infections—Syphilis and GC/CT (3-point testing - pharyngeal, genital, and anal)
- ✓ Pregnancy testing, if applicable

History:

- ✓ Current medications (Patients taking nephrotoxic agents, including NSAIDs, are at increased risk for renal-related adverse reactions³).
- ✓ General health history
- ✓ Immunizations (including HAV, HBV, HPV, and Meningococcal B vaccines)
- ✓ Sexual health history
- ✓ Reproductive history, if applicable (Is the client planning or trying to get pregnant soon?)

Examination

- ✓ Review of systems (assess for signs and symptoms of acute HIV and other sexually transmitted infections.)
- ✓ Perform physical examination, if needed

Support services

- ✓ Medication assistance
- ✓ Mental Health
- ✓ Smoking Cessation
- ✓ Substance Use Disorder

During the visit, providers should counsel the client on the significance of adherence since efficacy is strongly linked with adherence. In addition, inform clients that PrEP is part of a comprehensive prevention plan. Risk reduction counseling and behavioral modifications should be discussed with clients.

Continuation (Follow-up)

To ensure client safety while on the medication, providers should monitor for side effects, renal function, and adherence. The CDC recommends the following schedule for monitoring.

30-days:

Providers may want clients to return for evaluation 30 days after PrEP is initiated to assess and confirm HIV negative status, assess for early side effects, identify any medication adherence barriers and answer any questions¹. Clients initiated on CAB should return to the clinic in 1 month to receive the second injection.

Every two to three months:

Oral PrEP

- ✓ Repeat HIV Ab/Ag screening and assess for acute HIV signs and symptoms.
- ✓ Sexually Transmitted Infections—Syphilis and GC/CT (3-point testing - pharyngeal, genital, and anal) for individuals with signs and symptoms and asymptomatic individuals at high risk for recurrent infections (those with positives STIs at prior visits.)
- ✓ Repeat Pregnancy testing, if applicable
- ✓ Provide PrEP prescription for no more than 90 days.
- ✓ Assess side effects and medication adherence.
- ✓ Discuss risk reduction behaviors and offer condoms.

Injectable PrEP

- ✓ Repeat HIV Ab/Ag screening and HIV-1 RNA test and assess for acute HIV signs and symptoms
- ✓ Sexually Transmitted Infections—Syphilis and GC/CT (3-point testing - pharyngeal, genital, and anal)
- ✓ Administer PrEP injectable
- ✓ Assess side effects
- ✓ Discuss risk reduction behaviors and offer condoms.

Every six months:

Oral PrEP

- ✓ HIV Ab/Ag screening (4th generation preferred)
- ✓ Monitor creatinine (eCrCl)
 - Individuals with other chronic conditions such as diabetes or hypertension, may require more frequent renal function monitoring. Providers may need to include additional tests such as urinalysis for proteinuria.
- ✓ Sexually Transmitted Infections—Syphilis and GC/CT (3-point testing - pharyngeal, genital, and anal) for individuals with signs and symptoms and asymptomatic individuals at high risk for recurrent infections (those with positives STIs at prior visits.)

Every 12 months:

- ✓ Evaluate risk and continuation of PrEP
- ✓ Repeat HIV Ab/Ag screening and HIV-1 RNA test and assess for acute HIV signs and symptoms
- ✓ Sexually Transmitted Infections—Syphilis and GC/CT (3-point testing - pharyngeal, genital, and anal)
- ✓ Annual retesting for HCV is recommended for PWID and for other individuals with ongoing risk for HCV exposure.

Step 5: Strategies for Engagement

PrEP Counseling and Education

- Assess client's awareness and knowledge about PrEP
- Discuss risk factors for HIV acquisition
- Discuss how PrEP works to prevent HIV
- Discuss the benefits of PrEP
- Discuss how to take PrEP and the importance of adherence
- Discuss possible side effects
- Discuss PrEP management and follow-up appointments
- Provide client with CDC and/or DHEC printed or digital PrEP resources

Medication Adherence and Persistence

Simplified Medication Adherence Questionnaire (SMAQ)⁹

- "Do you ever forget to take your medicine?"
- "Are you careless at times about taking your medicine?"
- "Sometimes if you feel worse, do you stop taking your medicine?"
- "Thinking about the last week, how often have you not taken your medicine?"
- "Did you not take any of your medicine over the past weekend?"
- "Over the past three months, how many days have you not taken any medicine at all?"

Brief Adherence Assessment¹⁰

- "How has it been going taking your medicines?"
- "How many doses have you missed?"
- "What was going on when you missed that dose you told me about?"
- "What seems to get in the way of taking your medicines?"

Counseling

- Use basic counseling skills.
- Ask open-ended questions to identify any barriers to medication adherence (beliefs, behaviors, competence, psychosocial, and structural).
- Discuss possible interventions and referrals for wraparound services.

Interventions

- To ensure efficacy, clients are encouraged to take the medication as prescribed
- Provide instruction – oral and written – about medication
- Provide counseling during visits and between visits, if needed
- Provide reminders for prescriptions and appointments
- Conduct manual follow-up phone calls
- Offer peer support

Retention

- Ask the client, how you can assist them with keeping their appointments and obtaining refills.
- Engage in brief conversations with the clients at every visit.
- Discuss barriers to retention.

Risk Reduction

- Assist the client with identifying less risky sexual behaviors.
- Encourage the client to use a new condom, consistently and correctly, for every sexual encounter during the entire act.
- Encourage the client to reduce the number of sexual partners.
- Encourage the client to limit or eliminate drug and alcohol use before and during sex.
- Encourage the client to discuss STI/HIV testing with partners.



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9. Ortega Suárez FJ, Sánchez Plumed J, Pérez Valentín MA, et al. Validation on the simplified medication adherence questionnaire (SMAQ) in renal transplant patients on tacrolimus. *Nefrologia*. 2011;31(6):690-696. doi:10.3265/Nefrologia.pre2011.Aug.10973
10. Centers for Disease Control and Prevention. (2019, October 21). ART Adherence. Centers for Disease Control and Prevention. Retrieved November 30, 2021, from [cdc.gov/hiv/clinicians/treatment/art-adherence](https://www.cdc.gov/hiv/clinicians/treatment/art-adherence)

Appendix A: PrEP Billing Codes

Coding For:	ICD-10 Codes	Description of codes
Visit	Z72.51	High-risk heterosexual behavior
	Z72.52	High-risk homosexual behavior
	Z72.53	High-risk bisexual behavior
	Z20.6	Contact with and (suspected) exposure to HIV
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Initial Labs	Z01.812	Encounter for pre-procedural laboratory examination (Applicable to blood and urine tests prior to treatment or procedure)
	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
	Z11.4	Encounter for screening for HIV
	Z11.59	Encounter for screening for other viral diseases
	Z72.89	Other problems related to lifestyle (For Hepatitis C tests for patients insured through Medicare)
	Z20.5	Contact with and (suspected) exposure to viral hepatitis
Subsequent Visits and Labs	Z20.6	Contact with and (suspected) exposure to HIV
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
	Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
	Z20.5	Contact with and (suspected) exposure to viral hepatitis

Appendix B: HIV Testing & PrEP Assessment Form

Site Name
Site Address
Site City, State, Zip Code
CLIA #:

Client #: _____ How did you hear about us? _____		
Date of Encounter: _____ Test Site: _____ Counselor: _____		
Name (First) _____ (MI) _____ (Last) _____		
Date of Birth: _____ Age: _____ (one time HCV testing recommended for all adults 18-79 years)		
Home Address: _____ City: _____ State: _____ County: _____ Zip Code: _____		
Contact preferred by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work (check all that apply)		
Home#: _____ Cell#: _____ Work#: _____		
Emergency Contact: _____ Phone Number: _____		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined to Answer		
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Specified <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Don't Know		
Client Assigned Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to Answer		
Current Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Another Gender <input type="checkbox"/> Declined to Answer		
Reason for Testing: _____		
Have you ever been tested for HIV? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Last HIV Test: _____ Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unknown		
Sexual History: Date of last sexual exposure: _____ <input type="checkbox"/> With Condom <input type="checkbox"/> Without Condom Type of sex: <input type="checkbox"/> Oral <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal (receptive) <input type="checkbox"/> Anal (insertive) Gender of partners (in the past 5 years): <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Both # Of partners in past 2 months: _____ # Of partners in past 12 months: _____ Sexually Transmitted Infections (STI): <input type="checkbox"/> Syphilis (if checked do not perform rapid Syphilis test) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> HIV Social History (in the past 5 years): <input type="checkbox"/> Other drug use (Meth, IV drugs, crack alcohol, ecstasy, marijuana, Rx Drug abuse): _____ <input type="checkbox"/> Incarceration history (probation, parole, detention center, prison, jail): _____ <input type="checkbox"/> Alcohol/beer/wine use	Risk Factors: (Check all that apply) In the past 30 days have you had unprotected sex with a(n): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Multiple partners <input type="checkbox"/> HIV positive person <input type="checkbox"/> Person who inject drugs <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> Exchange for drugs <input type="checkbox"/> Refusal <input type="checkbox"/> Client reports no known sexual risk factors Risk in past 12 Months: <input type="checkbox"/> MSM <input type="checkbox"/> Multiple sex partners <input type="checkbox"/> Sex for money/drugs or Commercial sex <input type="checkbox"/> Illicit drug use <input type="checkbox"/> HIV positive <input type="checkbox"/> History of STD(s) <input type="checkbox"/> Female sex with an MSM In the past 12 months have you experienced any of the following? (Check all that apply) <input type="checkbox"/> Genital sore/lesion <input type="checkbox"/> Body rash <input type="checkbox"/> Sudden hair loss <input type="checkbox"/> Palmar/plantar rash <input type="checkbox"/> Sore(s) in mouth/lips <input type="checkbox"/> Swollen lymph nodes (groin) <input type="checkbox"/> Condyloma lata (warts) <i>*If client claims a history of any of the above, perform test for HIV and STIs.</i>	HCV Risk Factors: (Check all that apply) Have you ever been tested for Hep C? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, screen for Hepatitis C) Other Risk Factors: <input type="checkbox"/> Pregnant <input type="checkbox"/> HIV positive <input type="checkbox"/> Ever injected drugs, shared needles/syringes, or other drug preparation equipment: <input type="checkbox"/> Past <input type="checkbox"/> Current (periodic testing) <input type="checkbox"/> Received maintenance Hemodialysis: <input type="checkbox"/> Past <input type="checkbox"/> Current (periodic testing) <input type="checkbox"/> Persistent abnormal ALT levels (Liver enzymes) <input type="checkbox"/> Received clotting factor concentrates produced before 1987 current or past recipients of chronic (long-term) <input type="checkbox"/> Received blood transfusion or blood components or organ transplant before July 1992 <input type="checkbox"/> Born to HCV-positive women <i>*If client claims a history of any of the above, perform test for HCV.</i>

Information below to be completed by Counselor							
Test Result:							
Counselor Initials: _____		Date: _____		Test Election: <input type="checkbox"/> Confidential			
HIV:		<input type="checkbox"/> Negative (non-reactive) <input type="checkbox"/> Preliminary Positive (reactive) <input type="checkbox"/> Positive (presumptive HIV diagnosis – RT2 only) <input type="checkbox"/> Discordant <input type="checkbox"/> Invalid <input type="checkbox"/> Test not done					
Syphilis:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Test not done	Results Date: _____	Initials: _____	
HCV:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Test not done	Results Date: _____	Initials: _____	
Gonorrhea:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Test not done	Results Date: _____	Initials: _____	
Chlamydia:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Test not done	Results Date: _____	Initials: _____	
PrEP Awareness:							
1. Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Is the client currently taking daily PrEP medication?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Has the client used PrEP anytime in the past 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
PEP Eligibility:							
1. Has the client had any exposure to HIV in the past 72 hours?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
a. Was client referred for nPEP?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
PrEP Eligibility:							
1. Was the client screened for PrEP eligibility today?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Is the client eligible for a PrEP referral?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Counseling and Education:							
Risk Reduction Plan: _____							
Materials given (condoms, literature, etc.): _____							
Plans for receiving results: _____							
Client Understands:							
<input type="checkbox"/> Test Results		(client's initials) _____		Follow-up test date & time: _____			
<input type="checkbox"/> Counseling/Education		(client's initials) _____					
Notes: _____							
Referrals:							
1. Was the client given a referral for linkage to care for: <input type="checkbox"/> HIV <input type="checkbox"/> HCV <input type="checkbox"/> nPEP <input type="checkbox"/> PrEP							
a. If referral given, document appointment date: _____							
b. If no referral given, document the reason: _____							
c. DHEC 1610 completed if client referred to HIV, nPEP or PrEP provider? <input type="checkbox"/> Yes <input type="checkbox"/> No							
i. Referred to: _____							
2. Referrals provided: <input type="checkbox"/> Social Services (example: Housing, Food, Domestic Violence Intervention, Transportation, Employment support) <input type="checkbox"/> STI Screening <input type="checkbox"/> Substance use							
<input type="checkbox"/> Behavioral/Mental Health <input type="checkbox"/> Other (example: Benefits Navigation, Medication Adherence Support): _____							
Incentives given for testing: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of incentive: Gift card <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____							
Gift Card Info: Number: _____ Amount: _____ Company: _____							
Entered in EvalWeb Date: _____ By: _____ Form ID (from Eval Web): _____							
1129 Completed if positive results: <input type="checkbox"/> Yes <input type="checkbox"/> No				Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
1610 Completed if positive results: <input type="checkbox"/> Yes <input type="checkbox"/> No				Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Counselor Signature: _____ Date: _____							
Post Visit Notes and Follow up:							
Date: _____							
Counselor Signature: _____							
Date: _____							
Counselor Signature: _____							

Appendix C: PrEP Navigation Patient Template

CY: 2023		Agency/Organization Name			
Patient Identifier		Patient Identifier			
Age	Ethnicity	Race	Risk Category	PrEP Treatment/ Follow-up Services Provided	Additional Notes
Select Response (Drop down list)	Select Response (Drop down list)	Select Response (Drop down list)	Select Response (Drop down list)	Select Response (Drop down list)	
Initial Visit	Initial Visit: Counseling Select Response (Drop down list)	Date	Results/Outcome Select Response (Drop down list)	Counseling Notes	Additional Notes
	Initial Visit: Labs Collected Select Response (Drop down list)	Date	Results/Outcome Select Response (Drop down list)	Lab Notes	
	Initial Visit: Support Select Response (Drop down list)	Date	Results/Outcome Select Response (Drop down list)	Support Notes	
	Initial Visit: PrEP Medication Select Response (Drop down list)	Date	Medication Notes	Weight	
Visit Timeframe for Follow up	Counseling Select Response (Drop down list)	Date	Results/Outcome Select Response (Drop down list)	Counseling Notes	Additional Notes
	Labs Collected Select Response (Drop down list)	Date	Results/Outcome Select Response (Drop down list)	Lab Notes	
	Support Select Response (Drop down list)	Date	Results/Outcome Select Response (Drop down list)	Support Notes	
Injectable Medication	PrEP Medication Select Response (Drop down list)	Date	Medication Notes	Weight	

Appendix D: Patient Resource List

DHEC Printed Materials

Please submit DHEC print request to PrEPMeSC@dhec.sc.gov

PrEP Infographic (English)
scdhec.gov/sites/default/files/Library/CR-012206

PrEP Infographic (Spanish)
scdhec.gov/sites/default/files/Library/CR-012222

PrEP Brochure
scdhec.gov/sites/default/files/Library/CR-012438

Women & PrEP Brochure
scdhec.gov/sites/default/files/Library/CR-012911

CDC Printed Materials

*Some of the CDC printed material can be requested through their website. *

PrEP 101
cdc.gov/hiv/pdf/library/consumer-info-sheets/cdc-hiv-consumer-info-sheet-prep-101

PEP 101
cdc.gov/hiv/pdf/library/consumer-info-sheets/cdc-hiv-consumer-info-sheet-pep-101

PrEP Brochure (English)
cdc.gov/hiv/pdf/basics/prep/cdc-hiv-stsh-prep-brochure-english

PrEP Brochure (Spanish)
cdc.gov/hiv/pdf/basics/prep/cdc-hiv-stsh-prep-brochure-spanish

Acute HIV Information Sheet
cdc.gov/hiv/pdf/PrEP_GL_Patient_Factsheet_Acute_HIV_infection_English